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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 23389 7590 11/02/2005				Fee(s) Transmittal. The	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
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GARDEN CITY, NY 11530 1/30/2006 MBEYENE2 00000029 500510 10639942 JAN 2 7 2006					(Depositor's name)		
EC:1501 1400.00 DA			45 P			(Signature)	
FC:1504 1300:00 DA		A PARENCE			(Date)		
APPLICATION NO.	FILING DATE	FIRST NAMED IN		INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/639,942	08/13/2003		Robert H. I		YOR920020257US1	6974	
TITLE OF INVENTION: A METHOD OF MAKING A DEVICE THRESHOLD CONTROL OF FRONT-GATE SILICON-ON-INSULATOR MOSFET USING A SELF-ALIGNED BACK-GATE							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	02/02/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
ISAAC, STANETTA D		2812		438-283000			
1. Change of correspondence CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 1 Scully, Scott, Murphy & Presser, P.				
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(2) the name of a single firm (having as a member a 2				
			isted, no name will be printed.				
	RESIDENCE DATA TO B						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
INTERNATIONAL BUSINESS MACHINES CORPORATION ARMONK, NEW YORK							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🕱 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
•				☐ A check in the amount of the fee(s) is enclosed.			
				Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (20-0510128) (enclose an extra copy of this form).			
Advance Order - # 01	Copies		Deposit Accor	unt Number <u>50-0570</u>	(enclose an extra c	opy of this form).	
5. Change in Entity Status of a. Applicant claims SM	(from status indicated above MALL ENTITY status. See	•	b. Applica	nt is no longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
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Authorized Signature	Atm Freh			Date	January 6,	2006	
Typed or printed name	Steven Fis	chman		Registration	No. 34,594		
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